

Testimony for Public Health Committee Hearing

My name is Lois Villa; I have been a dental assistant for over 30 years and a certified dental assistant for 21 years. I have been employed full time at DMHA's CT Valley Hospital Dental Clinic for over 23 years. I am encouraging you to support **HB 5133**. First off, here are some important points that I would like to share with you:

- We apologize to your committee for the confusion caused at the beginning of this session by the use of the term "Auxiliary" in our proposal. However, please understand that we use the term auxiliary because both a **Credentialed Dental Assistant** and a **Dental Hygienist** can both obtain the education and training to be deemed an **Expanded Function Dental Auxiliary**. Accordingly, we respectfully contend that it still makes sense for us to use the term **Expanded Function Dental Auxiliary**
- There was a scope of practice report from DPH which found Expanded Functions for Dental Auxiliary as **a favorable option** because they are already being utilized throughout the country and is proven safe.
- EFDA's are already established on OVER $\frac{3}{4}$ of the United States.
- EFDA's can be utilized to increase access to care in many areas which include; private offices that take Husky patients, through CT Children's Medical Center Dental Clinic, Uconn Dental Clinics, Community Clinic's and all state facilities that have dental clinics such as, CVH, DDS Southbury Training School, DOC and DCF Albert J. Sunlit Children's Center (formerly Riverview Hospital.) I hope this helps you understand what this could mean for this population of underserved patients, which include both adults and children.
- This should not require licensing BECAUSE WE ARE WORKING UNDER THE DIRECT SUPERVISION OF A DENTIST. We are not asking to go out on our own.
- All procedures EFDA's can do would be reversible. We are not asking for polishing in any capacity OTHER than to polish a filling, (not as part of a cleaning that the hygienist does). As for fluoride application, again it will be given by a TRAINED EFDA who has passed a DANB exam and would be under the supervision of a dentist or hygienist.

I want to be very clear that I am expressing my own views based on my expertise as one of only 2 dental assistants serving DMHAS clients. There is one dentist in my hospital for a dental population of over 600 patients. Due to the nature of my patients illnesses and the treatment needed for both the mentally ill and addiction population, we see the worst of the worst of dentition in the majority of the patients we treat. Access to dental care outside of the hospital has been very limited for these patients, which has had a significant negative effect on both populations. For example, a person entering our addictions program, who has not had access to care or has been self medicating their dental pain until admission to the program, has a greater chance of relapse if those dental needs are not met. Once they are discharged from the program and experience dental pain, they may revert back to their substance abuse to treat it. Bottom line, they need access to dental treatment as part of their recovery. With this proposed legislation, we

could double or possibly triple the number of patients seen in a day all under the supervision of the dentist at the clinic. Think of it, at CVH Dental Clinic alone, we have TWO Certified Dental Assistants who would have their EFDA training paid by our union funds at no cost to the ST of CT. Since our salary is fixed, we would not make more money BUT by increasing our skills and being able to legally perform more procedures, it would free up the dentist to see more patients and focus on higher level procedures. The result is more patients getting the dental treatment they need without an increase in cost. Right now we have a long list of addition patients that have to wait for cancellations from our longer term patients.

This would mean so much for access to care and the underserved adult population, which often gets forgotten about.

What I really want to make clear is the amazing opportunity for dental caregivers, such as myself, to provide a valuable service to the underserved population, in a safe environment, with well trained employees under the direct supervision of a licensed person AT NO COST TO THE STATE. In conclusion, the most important advantage of EFDA legislation in increasing access to dental care for ST of CT residents. The time to do this is NOW, not next year or the year after, loyalty to the underserved residents of CT should be the priority. Lastly, remember no association is actually against EFDA legislation, as a matter of fact EFDA legislation has piggy backed other bills previously that never made it out of committee.

Thank you for your time!

Sincerely yours,
Lois Villa, CDA